PRINTED: 03/15/2011 FORM APPROVED OMB NO. 0938-039<u>1</u>

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	\( \)	2) MULTIPLE CONSTRUCTION (X3) DATE COMPL BUILDING			
ſ		445157	B. WIN				C
		445157	!			03/	09/2011
	PROVIDER OR SUPPLIER RNE AND HUGHES H	LTH CNTR		200 STRAH!	ESS, CITY, STATE, ZIP CODE L STREET I, TN 37064		
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EA	PROVIDER'S PLAN OF CORRECTIVE ACTION SH SS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
SS=D	A resident has the reservices in the faciliaccommodations of preferences, except the individual or oth endangered.  This REQUIREMENT by: Complaint #TN0002  Based on medical minterview, it was det provide services with of individual needs of (Resident #3) samp.  The findings included Medical record revised documented an addiagnoses of End Son Hypertension, Diabet Disease. The social documented, "SW with resident's dentual documentation for form.  During an interview 3/7/11 at 4:45 PM, Fiteeth' [dentures] we my former roommat.	ight to reside and receive ty with reasonable individual needs and t when the health or safety of er residents would be  IT is not met as evidenced escord review, observation and ermined the facility failed to h reasonable accommodation and preferences for 1 of 24 led residents. ed: ew for Resident #3 hission date of 1/15/10 with	F 2	2	Residents will receive reasonable accommindividual needs an preferences. Denture fitting the repermanent dentures performed on 3-11-delivery of dentures 3-23-11. Dental services combeen changed to new Social Services will weekly on monday to Performance Imp Meeting with depart managers regarding dental provider care and outstanding servany resident. Monito Administrator	mold for was 11 for son tractor has w vendor, report or friday rovement tracts of delivery vices to ored by services er has and will be I services w Quality monitored ing to ental	4-8-11 3-11-11 4-8-11
	I still don't have my this son] paid him [de	eeth. We [Resident #3 and entist] \$500 up front, I haven't	3/113	Y PHE LE	<u>.</u> .		
ABORATORY	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) Genotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 rys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued 

Facility ID, TN9401

3/22/11

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
			A. BUI	LDING	<del></del>	-	С	
		445157	B. WIN	IG		03/	09/2011	
	PROVIDER OR SUPPLIER	ILTH CNTR		200	ET ADDRESS, CITY, STATE, ZIP COE STRAHL STREET ANKLIN, TN 37064	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 246	my teeth"  During an interview 3/8/11 at 10:00 AM dentures have not come since Octobe Observation in Res 4:45 PM, revealed bottom or top teeth Observation in the AM, revealed Resident #3 stated drink an Ensure."	in the group meeting on I, Resident #3 stated, "My been replaced dentist hasn't er of 2010"	F2	246				
F 250	eating pizza. Resid fime eating without During an interview on 3/9/11 at 2:55 P asked if she had kn dental concerns. The am aware that the refinamed dentist] has Administrator was a facility has toward in The Administrator is so you [state] want dollars for his teeth [dental follow-ups] in my private files" If produce any documa pointments or follows	ent #3 stated, "I have a hard my teeth."  In the employee's break room M, the Administrator was nowledge of Resident's #3 ne Administrator stated, "I resident is private pay and is the dentures ready" The esidents with lost dentures. Stated, "The teeth are ready, me to fork over a thousand I have documentation of this in QA [quality assurance] and the facility was unable to nentation of dental	F 2	50				

			(X3) DATE 5 COMPL	E SURVEY PLETED			
1		445157	B. Wil	NG		00.0	C
	PROVIDER OR SUPPLIER		<u> </u>	200	ET ADDRESS, CITY, STATE, ZIP ( STRAHL STREET ANKLIN, TN 37064		<u>19/2011</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
SS=D	services to attain or practicable physica well-being of each of the services of each of the services. This REQUIREMENT by: Based on review of description, medically attain or maintain repsychosocial well becare for 1 of 24 (Recommendation of the facility SOCIAL SERVICES close, working relation to assist the patient difficulty in adjustment to more adequately Communicate with the progress, plans, or present additional this person holding this	SERVICE  pvide medically-related social maintain the highest mental, and psychosocial esident.  IT is not met as evidenced the social services job record review, observation, determined the facility failed related social services to related social services and related social services in the related social services to	F	250	1. Facility will promedically-relat services to attain the highest prace physical, mental psychosocial weach resident.  2. Social Worker status of Residentures upon we provider on 3-1  3. All residents we denture services documented as dentures and conducted and anticipated dentures.  4. Dental provider changed to new provider  5. Dental vendor we visits with nursiand social servisite every sixty Monitored by Dental and Additional services and Additional services and Additional services and social servisite every sixty Monitored by Dental and Additional services are services and Additional services are services and Additional services and Additio	ovide ed social in or maintain eticable, al and ell-being of documented ent # 3 visit of dental 1-11 ith pending s will be to the status of ompletion of ommunication return of has been dental will arrange ing secretary ces to be on days. Director of	4-8-11 4-8-11 4-8-11
	and responsibilities existing federal and	in accordance with current state regulations and y policies and procedures."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
l	445157	A. BUILDING B. WING		p3//	C 09/2011
NAME OF PROVIDER OR SUPPLIER CLAIBORNE AND HUGHES H		20	ET ADDRESS. CITY. STATE, ZIP CO D STRAHL STREET BANKLIN, TN 37064	•	19/2011
PREFIX   (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
documented an ad diagnoses of End S	age 3 iew for Resident #3 mission date of 1/15/10 with Stage Renal Disease, esion and Peripheral Vascular	F 250			
	ident #3's room on 3/7/11 at Resident #3 did not have any	·			:
AM, revealed Residuals, on his v	e middle hall on 3/8/11 at 8:00 dent #3 sitting in an electric way to the dining room. "I don't eat breakfast, I just				
: 4:30 PM, revealed:	ident's #3's room on 3/8/11 at Resident #3 eating pizza. "I have a hard time eating	:			
3/7/11 at 4:45 PM, 'teeth' [dentures] we my former roomma a year ago, took an I still don't have my his son] paid him [d	in Resident #3's room on Resident #3 stated, "My ere flushed down the toilet by te. A dentist came here about impression of my mouth, and teeth. We [Resident #3 and entist] \$500 up front, I haven't tist. I can't eat good without				
3/8/11 at 10:00 AM,	in the group meeting on Resident #3 stated, "My seen replaced dentist hasn't r of 2010"				
10/8/10 documente	service progress notes dated d. "SW [social worker] ident's dentures will				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		LUCTION	(X3) DATE SURVEY COMPLETED				
			A BUI	LDING		j ,	c
		445157	B. WIN	ig		1	9/2011
	ROVIDER OR SUPPLIER	LTH CNTR		STREET ADDRES 200 STRAHL FRANKLIN,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	ROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU -REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 364	Identures)" There documentation regard documentation regard During an interview on 3/9/11 at 11:55 / asked who follows in Patient Advocate stone During an interview on 3/9/11 at 12:00 footnotes. The Social Change their diet to 483.35(d)(1)-(2) NUPALATABLE/PREFEACH resident receit food prepared by minimal value, flavor, and appalatable, attractive temperature.  This REQUIREMENT by:  Based on the group was determined the foods were served and 2 (Dinner 3/7/11)  The findings include Review of the facility Dietitians" menu for documented, "Se House Salad, Hush Recipe for Seafood	were no further arding Resident #3's dentures. In the employee's break room AM, the Patient Advocate was up with dental issues. The ated, "the social worker"  In the employee breakroom PM, the Social Worker, was entions for residents needing all Worker stated, "we pureed"  ITRITIVE VALUE/APPEAR, ER TEMP  IVES and the facility provides ethods that conserve nutritive opearance; and food that is and at the proper  IT is not met as evidenced interview and observation, it facility failed to ensure that appealing and palatable for 1 dining observations.	F 2	1.	Residents will receive facility provide food by methods that consenutritive value, flavo appearance; and food palatable, attractive a proper temperature. Menu item seafood grice hush puppies, and replaced by white chichilli, pimento cheese sandwich, fruit salad. Menus will be review	prepared erve or, and that is and at the umbo, d salad is cken	3-11-11

A45197  MANE OF PROVIDER OR SUPPLIER  CLAIBORNE AND HUGHES HLTH CNTR  PRETAIN TABLE TREET FRANKLIN, TIN 37964  PRIOR TREATH STREET FRANKLIN, TIN 37964  PROVIDER PAUL OF CORRECTION OF THE PROPRIATE PRETAIN TAG.  F 364  Continued From page 5 sausage.  Observations in the main dining room on 3/7/11 at 5-45 PM, revealed supper trays were served to the residents. The meal consisted of two small dark brown hard tooking hush pupples. rice, gravy with onion and peppers with no meal. The residents requested meal. None of the resident were observed eating the hush pupples. rice, gravy with onion and peppers with no meal. The resident sealed the sold was not good.  During an interview in the employee break room on 3/8/10 at 10:00 AM, 15 of 15 alter and onented resident saad the food was not good.  During an interview in the employee break room on 3/8/11 at 4:23 PM, the Certified Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider local and regional food preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider local and regional food preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider local and regional food preferences by reviewing with resident council upon implementation.  4. Seasonal menu changes will consider local and regional food preferences by reviewing with resident council upon implementation.  4. Seasonal menu changes will consider local and regional food preferences by reviewing with resident council upon implementation.  5.		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1			(X3) DATE S COMPLE		
STREET ADDRESS. CITY. STATE. ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064  (PALID FRETRY TAGS  SEMMARY STATEMENT OF DETICENCIES (EACH DEPECIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  F 364  Continued From page 5 sausage.  Observations in the main dining room on 3/7/11 at 5.45 FM, revealed supper trays were served to the residents. The meal consisted of two small dark brown hard looking hush puppies, rice, gravy with onion and peppers with no meat. The residents requested meat. None of the resident were observed eating the hush puppies.  During the group meeting in the main dining room on 3/8/10 at 10:00 AM, 15 of 15 alert and onented residents said the food was not good.  During an interview in the employee break room on 3/8/11 at 4:23 PM, the Certified Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider local and regional food preferences. Corporate menus will be altered to adapt for regional preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Patient Family Advocate at least quarterly. Monitored by Dietary Manager, and Clinical Dietary Manager, and Clinical Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider to ensure the menus will be altered to adapt for regional preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Patient Family Advocate at Dietary Manager, and Clinical Dietary Manager and Clinical Dietary Manager will resident and residents who will be altered to adapt for regional preferences by reviewing with resident council and residents who wish to hardwork in the facility survey performed by Patient Family Advocate at Dietary Manager will be altered to adapt for regional preferences by reviewing wi			445157				1	-	
FREDIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 364  Continued From page 5 sausage.  Observations in the main dining room on 377/11 at. 5:45 PM, revealed supper trays were served to the residents. The meal consisted of two small dark brown hard looking hush pupples, rice, gravy with onion and peppers with no meat. The residents requested meat. None of the resident were observed eating the hush pupples. rice, gravy with onion and peppers with no meat. The residents requested meat. None of the resident were observed eating the hush puppies.  During the group meeting in the main dining room on 3/8/10 at 10:00 AM, 15 of 15 alert and oriented residents said the food was not good.  During an interview in the employee break room on 3/8/11 at 4:23 PM, the Certified Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  Seasonal menu changes will consider local and regional food preferences. Corporate menus will be altered to adapt for regional preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Patient Family Advocate at least quarterly. Monitored by Dietary Manager. and Clinical Dietary Manager reporting any meal with more than 10% trays or food portions returned at 100% and request changes to any meal not substantially consumed. Substantially being defined as less than 15% consumed of 10 trays of any one item. Monitored by			LTH CNTR	200 STRAHL STREET					
Sausage.  Observations in the main dining room on 3/7/11 at . 5:45 PM, revealed supper trays were served to the residents. The meal consisted of two small dark brown hard looking hush puppies, rice, gravy with onion and peppers with no meat. The residents requested meat. None of the resident were observed eating the hush puppies.  During the group meeting in the main dining room on 3/8/10 at 10:00 AM, 15 of 15 alert and oriented residents said the food was not good.  During an interview in the employee break room on 3/9/11 at 4:23 PM, the Certified Dietary Manager (CDM) for the kitchen and the CDM for clinical confirmed that they did have concerns about the evening meal on 3/7/11.  3-28-11  4. Seasonal menu changes will consider local and regional food preferences. Corporate menus will be altered to adapt for regional preferences by reviewing with resident council and residents who wish to have input via the facility survey performed by Patient Family Advocate at least quarterly. Monitored by Dietary Manager.  Performance Improvement meeting held on mondays and fridays will track return of trays and meal acceptance via Dietary Manager reporting any meal with more than 10% trays or food portions returned at 100% and request changes to any meal not substantially consumed. Substantially being defined as less than 15% consumed of 10 trays of any one item. Monitored by	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	IOULD BE	COMPLETION	
	F 364	sausage.  Observations in the at. 5:45 PM, reveal the residents. The dark brown hard lowith onion and pepresidents requested were observed eati.  During the group mon 3/8/10 at 10:00 aresidents said the fundamental puring an interview on 3/9/11 at 4:23 PManager (CDM) for clinical confirmed the	e main dining room on 3/7/11 ed supper trays were served to meal consisted of two small oking hush puppies, rice, gravy pers with no meat. The d meat. None of the resident ng the hush puppies. Heeting in the main dining room AM, 15 of 15 alert and oriented bood was not good.  In the employee break room M, the Certified Dietary The kitchen and the CDM for hat they did have concerns	F:	364	implementation.  4. Seasonal menu cha consider local and food preferences. Comenus will be alter for regional preferences reviewing with resist council and resident wish to have input facility survey performent Family Advaleast quarterly. Mon Dietary Manager, and Dietary Manager, and Dietary Manager of trays and meal access Dietary Manager reany meal with more trays or food portion at 100% and reques to any meal not subconsumed. Substant being defined as less 15% consumed of for any one item. More trays or food portions of any one item. More defined as less 15% consumed of for any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item. More defined as less than the consumed of any one item.	nges will regional corporate ed to adapt ences by dent ets who via the corned by rocate at nitored by nd Clinical ethan 10% as returned et changes stantially trially es than 0 trays enitored by		